







MOVING LOUISIANA'S HEALTH FORWARD



Division of Primary Care and Prevention Services

COMPLETING THE ELECTRONIC FUNDS TRANSFER ENROLLMENT FORM

You are to complete the unshaded portions of the enrollment form. Please complete the fields with the following information.

Vendor Name – You are the vendor.

Please Check One – Select New Enrollment or Change

Vendor Address – This is your physical address.

NOTE: This address must match the address on the voided check.

Vendor SSN – Your social security number

ACH Routing Number – The 9 digit routing code of the financial institution for the specified checking or savings account to which the funds will be deposited. If funds are deposited into your checking account, the routing number usually precedes your checking account number on the bottom of your checks.

Check/Savings Indicator – Circle the appropriate letter. "C" denotes a checking account and "S" denotes a savings account.

Bank Account Number – The bank account to which your funds are to be deposited.

Bank ACCT DESCR – A general description of the bank account. For example, "Company XYX corporate checking account."

Bank Name – The name of the financial institution to which funds will be deposited.

Bank Address – (lines 1-3) – The mailing address of the financial institution to which the funds will be deposited.

City/State/Zip – The Bank's City/State/Zip for the mailing address listed.

Bank Telephone Number – The telephone number of the branch or bank office to contact for assistance with transmission problem resolution.

International ACH Transactions – Check the appropriate box. \underline{YES} means receipts are transferred to an account outside of the U.S. \underline{NO} means receipts are <u>not transferred</u> to an account outside of the U.S. $\underline{\underline{A}}$ box must be checked before the EFT can be processed.

Vendor's Authorization Signature – Your signature.

Print Name – Print or type your name.

E-mail Address – Your e-mail address.

Note: A representative from your financial institution must complete and sign the area at the bottom of the form. Please include a copy of a voided check or a direct deposit form from your financial institution for depository accounts as verification of account information.